

State/Territory: Commonwealth of Pennsylvania

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): _____

22. Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).

☒ Provided ☐ No limitations ☒ With limitations*
☐ Not provided.

23. Any other medical care and any other type of remedial care recognized under state law, specified by the Secretary.

a. Transportation.

☒ Provided ☐ No limitations ☒ With limitations*

b. Services of Christian Science nurses.

☒ Provided ☐ No limitations ☐ With limitations*

c. Care and services provided in Christian Science sanatoria.

☒ Provided ☐ No limitations ☐ With limitations*

d. Skilled nursing facility services for patients under 21 years of age.

☒ Provided ☐ No limitations ☒ With limitations*

e. Emergency hospital services.

☒ Provided ☐ No limitations ☒ With limitations*

f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.

☒ Provided ☐ No limitations ☒ With limitations*

TN # 91-40
Supersedes
TN # 88-14

Approval Date

MAY 12 1992

Effective Date 01/01/92

HCFA ID: 1042P/0016P

SERVICE	LIMITATIONS
20. <u>Targeted Case Management Services</u>	See Enclosure
22. <u>Respiratory care services (in accordance with section 1902(e)(9)(A) through (C) of the Act).</u>	<u>Limitations on payment</u> - This service is limited to individuals under 21 years of age for treatment of physical or mental problems identified during EPSDT screenings and require prior authorization.
23. <u>Any other medical care and any other type of remedial care</u>	
23.a. Transportation	<u>Limitations on payment</u> - The following limits apply to payment for compensable ambulance transportation: 1. Transportation must be made to providers who are generally available and used by other members of the community. 2. Transportation must be made to or from services which are covered under the Medical Assistance Program. A partial list of noncovered services is contained in the Provider Handbook. 3. If more than one person is transported during the same trip, either to the same destination or a different destination, payment is made for transportation of the patient whose destination is the greatest distance. No additional payment is allowed for the additional person(s).
23.b. Services of Christian Science nurses	<u>Limitations on payment</u> - This service is limited to individuals under 21 years of age for treatment of physical or mental problems identified during EPSDT screenings and require prior authorization.
23.c. Care and services provided in Christian Science Sanitoria	<u>Limitations on payment</u> - This service is limited to individuals under 21 years of age for treatment of physical or mental problems identified during EPSDT screenings and require prior authorization.

TN # 91-40

Supersedes

TN # New

Approval Date

MAY 12 1992

Effective Date 01/01/92

SERVICE	LIMITATIONS
23.f. Personal care services in recipient's home, prescribed in accordance with a plan of treatment and provided by a qualified person under supervision of a registered nurse.	<u>Limitations on Payment</u> - This service is limited to individuals under 21 years of age for treatment of physical or mental problems identified during EPSDT screenings and require prior authorization.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: COMMONWEALTH OF PENNSYLVANIA
DESCRIPTIONS OF LIMITATIONS

ATTACHMENT 3.1-B
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SERVICE	LIMITATIONS
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24. Services provided by Certified Registered Nurse Practitioners (CRNPs).

☒ Provided ☐ No limitations ☒ With limitations

25. Case Management Services

☒ Provided ☐ No limitations ☒ With limitations

TN # 93-31
Supersedes
TN # 90-23

Approval Date _____ Effective Date 12/1/93

SERVICE	LIMITATIONS
24. CRNP Services	<p><u>Limitations on payment</u> - The following limits apply to payment for compensable services:</p> <ol style="list-style-type: none">1. Procedures not listed in the Medical Assistance Program Fee Schedule or precluded by Chapter 1150 (relating to the Medical Assistance Program payment policies).2. Services and procedures furnished by the CRNP for which payment is made to an enrolled medical service provider or practitioner.3. Services and procedures for which payment is available through other public agencies or private insurance plans as described in § 1101.64 (relating to third party medical resources).4. The same service and procedure furnished to the same recipient by a CRNP and physician, with whom the CRNP has protocols, on the same day.
25. Case Management Services	<p><u>Limitations on payment</u> - The following limits apply to payment for compensable services:</p> <ol style="list-style-type: none">1. Services are limited to eligible medical assistance recipients under the age of 21.2. Not provided if case management is an integral part of another covered medical assistance service.

TN # 93-31

Supersedes

TN # 90-23

Approval Date

Effective Date 12/1/93

JAN 12 1994

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
STATE: COMMONWEALTH OF PENNSYLVANIA
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SERVICE	LIMITATIONS
25. Case Management Services (Cont.)	<p>3. Not provided for purposes other than to assist recipients to gain access to medical, educational, habilitative/rehabilitative and social services related to that person's service coordination plan.</p> <p>4. Not provided as outreach activities for the purpose of seeking potential recipients of case management services.</p> <p>5. Not provided if case management is a part of inpatient services (hospitals, ICFs/MR, nursing homes, JCAHO accredited residential treatment facilities and public mental health hospitals), excluding discharge planning provided within 30 days prior to discharge.</p>

TN # 93-31 (new)

Supersedes

TN # _____

JAN 12 1994

Approval Date _____

Effective Date 12/1/93

State: Pennsylvania

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED TO THE
MEDICALLY NEEDY GROUP(S): _____

26. Program of All-Inclusive Care for the Elderly (PACE) services, as described and limited in Supplement 3 to Attachment 3.1A.

X provided _____ not provided

TN# 98-007
Supercedes
TN# New

11/27/98
Approval Date

7/1/98
Effective Date